

FILED NOV 20 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4628

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-DAYS (Specify whether)
In this community 5 1/2 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 46
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3913 WAIBASH AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME MRS. MARY BELLE BIGBEE GANOTE

3. (b) If veteran, No name war _____
3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. JOSEPH CLAYTON GANOTE, SR.
6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased JUNE 30 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	4	2	hr. _____ min.

9. Birthplace MIAMI SPRINGS ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name J. C. BIGBEE SR.

13. Birthplace UNKNOWN IOWA
(City, town, or county) (State or foreign country)

14. Maiden name EUNICE E. McLAUGHLIN

15. Birthplace UNKNOWN TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Ganote

(b) Address 3913 Waibash

17. (a) BURIAL (b) Date thereof NOV-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION STAR MISSOURI

18. (a) Signature of funeral director O. W. Newsomers Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 11-4-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 2ND
year 1946 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 28th to Nov 2, 1946
that I last saw him alive on Nov 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction 2 days
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 100 cc

Major findings: Varicosities of left Broad ligament

Of operations _____

Of autopsy Int. obstruction

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. J. Ganote (M. D. or other) 9 M D

Address 10245 B. W. Highway Date signed 11/4/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.